



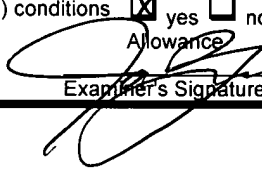
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|   |   |                                  |   |                                     |
|---|---|----------------------------------|---|-------------------------------------|
| <b>SERIAL NUMBER</b><br>10/799,796  | <b>FILING OR 371(c) DATE</b><br>03/12/2004<br><b>RULE</b>   | <b>CLASS</b><br>600              | <b>GROUP ART UNIT</b><br>3739   | <b>ATTORNEY DOCKET NO.</b><br>17534 |
| <b>APPLICANTS</b><br>Hiroshi Suzushima, Kamiina-gun, JAPAN;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2003-072665 03/17/2003<br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 11/15/2004</b>  |   |                                  |   |                                     |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged  Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>15           |
| <b>INDEPENDENT CLAIMS</b><br>1  |   |                                  |   |                                     |
| <b>ADDRESS</b><br>23389   |   |                                  |   |                                     |
| <b>TITLE</b><br>Capsule endoscope   |   |                                  |   |                                     |
| <b>FILING FEE RECEIVED</b><br>770   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                     |